

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Roland Y Nakata MD**

Mailing Address 815 S Fairmont Ave

City	State	Zip Code
Lodi	CA	95240-5116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		18		2015

**Transaction ID : 7063538**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ronald G Hayter MD**

Mailing Address 1660 Gulf to Bay Blvd

City	State	Zip Code
Clearwater	FL	33755-6423

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Florida Knee &amp; Ortho Center

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		18		2015

**Transaction ID : 7063539**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Daniel R Ripa MD**

Mailing Address 4000 S 98th St

City	State	Zip Code
Lincoln	NE	68520

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		18		2015

**Transaction ID : 7063540**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1000.00

**TOTAL** This Period (last page this line number only)..... ►